EVALUATION OF PRIVILEGES - DIETETICS			PERIOD			DATE	DATE	
For use of this form, see AR 40-68; the proponent agency is OTSG			FROM	Т	0			
RATED BY		PRIVILEGES PERFORMED) BY		TREATMENT FACILITY			
TITL	E							
PRIVILEGES			RECOMMENDATIONS BY DEPT./SVS. CHIEF					
	ITEM		ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED	
	Category I.						_	
	Category II.							
	1. Prescribing vitamins.						_	
	2. Prescribing therapeutic nutritional supplements.						_	
	3. Ordering laboratory tests.							
	4. Percent body fat testing.							
	5. Prescribing diets other than weight c	ontrol.						

COMMENTS (Borderline and unacceptable ratings will be addressed.) (Use reverse if needed.)

RATER'S SIGNATURE	DATE